

EPI Update for Friday, January 16, 2015

Center for Acute Disease Epidemiology (CADE)

Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Flaccid paralysis update**
- **Congenital syphilis**
- **Healthcare Associated Infections (HAI) report**
- **Mali off the list for Ebola**
- **Iowa Acute Disease Monthly Update**
- **Meeting announcements and training opportunities**

Flaccid paralysis update

In August 2014, physicians in Colorado noted a cluster of cases of acute limb weakness among children. Most patients had spinal cord abnormalities and respiratory or febrile illness prior to symptoms. As of November 13, CDC had verified 88 cases in 32 states, with a median age of 7.6 years. Of these, 49 have reported some symptom improvement, 28 showed no improvement, and none have fully recovered.

Cerebrospinal fluid testing of 71 patients has found no enteroviruses or other pathogens. Upper respiratory samples from eight of 41 patients were positive for EV-D68 and some patients were positive for other enteroviruses or rhinoviruses.

Specific causes of this illness are still under investigation and a causal relationship to EV-D68 has not yet been substantiated. Prevention of viral infections includes good hygiene measures, hand washing, avoiding contact with ill people, and being up-to-date on all recommended vaccinations. Health care providers should report patients suspected of having this illness to IDPH. For more information, visit

www.cdc.gov/mmwr/preview/mmwrhtml/mm6353a3.htm?s_cid=mm6353a3_w.

Congenital syphilis

In late 2014, Iowa experienced its first congenital syphilis case since 2007. The case resulted in serious health complications for the newborn and required close monitoring and intensive treatment. The child was born to a mother who was infected with syphilis, but had not undergone adequate treatment for the infection during pregnancy.

Congenital syphilis is a very serious infection and often occurs transplacentally, but can also occur when the infant passes through the birth canal if the mother has a chancre associated with primary syphilis. Pregnancy complications include spontaneous abortion, premature birth, stillbirth, or neonatal death. Infants that survive may present with pathology in multiple organs, including the brain, eyes, heart, liver, bones, skin, etc. Prompt and adequate treatment of the newborn can mitigate long-term consequences for the child.

Congenital syphilis is preventable and treatable. All pregnant women should be screened for syphilis in their first trimester, both by laboratory testing and the patient's medical history.

Iowa continues to experience large increases in infectious syphilis cases. Surveillance data indicate a 450 percent increase from 2011 to 2013. Men account for approximately 90 percent of cases, with the majority being men who have sex with men. Although men account for most

of the cases, pregnant women remain a vitally important population for screening due to the potentially life-threatening consequences for newborns.

For complete syphilis screening recommendations, visit www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm. STD treatment guidelines can be found at www.cdc.gov/std/treatment/2010/genital-ulcers.htm#a6.

Healthcare Associated Infections (HAI) report

CDC has released the national and state progress report on Healthcare Associated Infections (HAI) based on 2013 data. The report includes national and state level data on central line-associated blood stream infections, catheter-associated urinary tract infections, surgical site infections for abdominal hysterectomy and colon procedures, as well as MRSA blood stream infections and *Clostridium difficile* events. This report summarizes data submitted to CDC through the National Health Safety Network. Iowa hospitals have made great progress towards the goal of eliminating HAI and efforts will continue to focus on prevention through evidence-based prevention efforts.

For the Iowa progress report, visit www.cdc.gov/hai/pdfs/stateplans/factsheets/ia.pdf. To read the full CDC report, visit www.cdc.gov/HAI/progress-report/index.html.

Mali off the list for Ebola

CDC has announced that travelers from Mali will no longer be required to undergo enhanced screening and monitoring when entering the United States; however, anyone traveling from Mali who arrived in the United States before January 6, 2015 must continue active monitoring and report any symptoms for 21 days after leaving Mali.

Screening and monitoring measures remain in place for travelers entering the United States from Guinea, Liberia, and Sierra Leone. Travel notices for those nations remain at a Warning Level 3 and advise travelers to avoid nonessential travel. There are no travel restrictions for travel to or from Congo.

Iowa Acute Disease Monthly Update

The new issue of the Iowa Acute Disease Monthly Update is available by visiting www.idph.state.ia.us/cade/ and scrolling down to 'Reports.' This month's issue can also be accessed directly with the following link:

www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=420FAD27-F17A-4046-A7FF-BBFEC63FF4A9.

Meeting announcements and training opportunities

None

Have a healthy and happy (and snow melting) week!

Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736